

APPLICATION FOR STATE OF NEBRASKA HIGH SCHOOL DIPLOMA

This form must be completed before any official GED testing may begin.

Type or print neatly in **BLACK** ink

Last Name		First Name		Middle Name		Maiden Name	
Social Security Number		Date of Birth		E-Mail Address			
_____ - _____ - _____		____/____/____					
Current Address							
Number and Street or PO Box				City		State	Zip
Permanent Address							
Number and Street or PO Box				City		State	Zip
Home Phone Number		Cell Phone Number		Permanent Phone Number		Residency	
()		()		()		Have you been a Nebraska resident for at least 30 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Official High School Withdrawal Date Or Home School Completion Date		Last School Attended					
		Name of School		City		State	
____/____/____							
Previous Testing							
Have you previously taken any official GED tests? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where? _____ When? _____							

I certify the above statements are true to the best of my knowledge: _____
(Signature) (Date)

FOR TEST CENTER USE ONLY				
	Test	Date	S.S.	% Rank
Date of Birth Verified: <input type="checkbox"/> Baptismal Certificate <input type="checkbox"/> Birth Certificate <input type="checkbox"/> DD21 Discharge Form <input type="checkbox"/> Draft Card <input type="checkbox"/> Driver's License/State ID <input type="checkbox"/> High School Transcript <input type="checkbox"/> Military ID Card <input type="checkbox"/> Photo Bearing Passport Photo-Bearing ID Verified: <input type="checkbox"/> Driver's License <input type="checkbox"/> Government ID Card <input type="checkbox"/> Military ID Card <input type="checkbox"/> Passport Approved to Test: ____/____/____ Signature(s) _____	Reasoning Through Language Arts			
	Mathematical Reasoning			
	Science			
	Social Studies			
	Format: <input type="checkbox"/> English <input type="checkbox"/> Spanish	150 Minimum & 600 Total TOTAL SCORE		
Test Center:			<input type="checkbox"/> Pass <input type="checkbox"/> Fail	

Return to:
Adult Education
Nebraska Department of Education
PO Box 94987
Lincoln, NE 68509

Examiner Signature: _____

Diploma issued by LEA ____ Date: ____/____/____ Date Reported to NDE: ____/____/____

Diploma issued NDE ____ Date: ____/____/____ Diploma #: _____ Receipt #: _____

Duplicate Diploma issued NDE ____ Date: ____/____/____ Diploma #: _____ Receipt #: _____